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FEBRUARY, 1914

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VOL. LVII

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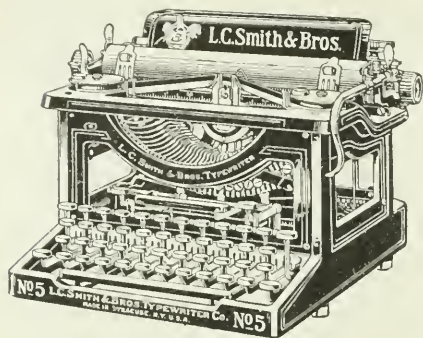
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REPORT OF THE CANCER CAMPAIGN COMMITTEE OF THE CLINICAL CON- GRESS OF SURGEONS OF NORTH AMERICA.

Chicago, November 13, 1913.

So much has recently appeared in the press concerning the value of radium in the treatment of cancer that your committee has deemed it advisable to refer briefly to this subject before describing their activities during the past year.

Mr. Charles L. Parsons of the United States Bureau of Mines sums the matter up so well in his article, "Our Radium Resources," published in *Science*, October 31, 1913, that one can hardly do better than quote him verbatim:

"It is to be greatly regretted that, owing to the high price of the material, only three or four American surgeons have, so far as the Bureau of Mines is informed, been able to use it in quantities sufficient for the drawing of decisive conclusions. In the progress of the future applications of radium to the curing of disease, nothing is more to be feared than its use in nostrums of every kind. The 'wonders of radium' have been so extensively exploited in the public press that already the name is being employed as a psychological agent in advertisements of all kind of materials, many of which contain no radium at all, or, if the element is indeed present, in such small quantities that no therapeutic value can be expected. As bearing on the need of further experiment, attention is called to the fact that the concentrated action of large quantities of radium may effect cures that have been impossible with the smaller amounts heretofore available to the medical profession. It is doubtful if there is at the present time in the hands of the medical profession of America more than a single gram of this rare element, and the results of investigations, soon to be published, will show that the concentrated action

of the gamma rays from several hundred milligrams arrest certain forms of cancer and other malignant growths, when smaller quantities are without beneficial effect. It is highly important that the medical profession should also have some guarantee of the material they purchase, even if it is purchased in small quantities, and I am glad to note that the United States Bureau of Standards is preparing to standardize radium preparations."

From what Mr. Parsons says, it is clearly evident that the supply of radium in this country is as yet very limited, and that only three or four surgeons in the United States have had sufficient quantities of radium to enable them to satisfactorily test the efficacy of this mineral in the treatment of cancer.

In the hands of these surgeons the immediate effects on the cancer have in some instances been wonderful, the growth literally melting away in a few days. Some of these patients, it is true, have later succumbed to the disease, but others up to the present time have remained apparently well. Of course, these patients must be watched for at least one or two years more before it can be definitely stated that they are cured. Only time will tell what percentage of cancer cases can be cured with radium. In the meantime, the surgeons engaged in the study of radium strongly advise the employment of surgical means in all cases of cancer in which operation offers a satisfactory chance for a permanent cure.

This evening we are to hear from Professor Gauss what has been accomplished with mesothorium in the Freiberg Clinic.

At the New York meeting of this congress, held one year ago, it was clearly demonstrated that the laity had a very hazy idea of just what cancer is and how it can be most successfully combated.

The following facts were emphasized: During the last decade several earnest cancer campaigns had been waged. The main object of these had been to point out to the family physician what might be accomplished by early operation, and to urge him to send his patients to the surgeon at the earliest possible moment. Notwithstanding the splendid efforts in this direction, little had been accomplished, not because the physicians were necessarily negligent, but because the patients did not present themselves to the physician until the disease was far advanced. Hence it was finally realized that if satisfactory results were to be accomplished the message must be carried directly to the people. It was pointed out that 15 or 20 years ago it was very difficult to prevail upon persons with appendicitis to be operated upon; now, with the knowledge they have, after appendicitis has been diagnosed operation is sought at once, and the only question asked by the patient or his relatives is, "To what hospital shall I go?" Similarly, as soon as the laity are made fully aware of the cancer situation they will, on the first sign of the disease, present them-

selves for examination, and will gladly avail themselves of surgical aid.

The Clinical Congress, fully realizing the necessity for immediate action, gave the subject most careful consideration, and mainly through the efforts of its secretary, Dr. Franklin H. Martin, a committee consisting of Dr. E. C. Dudley of Chicago, Dr. C. Jeff Miller of New Orleans, Dr. F. F. Simpson of Pittsburgh, Dr. H. C. Taylor of New York and the speaker were appointed.

The committee was instructed to write, or have written, articles on the subject of cancer, and were further instructed to have these published in the daily press and weekly or monthly magazines, as might be deemed most expedient. Your committee has proceeded cautiously, and through the aid of that master organizer and medical editor, George H. Simmons, was able to enlist the co-operation and support of some of the most representative magazines in the country. Mr. Bok, editor, and Mr. Harriman, managing editor, of the *Ladies' Home Journal* manifested the deepest interest in the campaign. After much thought they came to the conclusion that a lay writer could better reach the public ear, and they naturally selected Mr. Samuel Hopkins Adams, who has proved himself such a dominant factor in the campaign against patent medicines, and who, in June of this year, was made an associate member of the American Medical Association in recognition of his splendid crusade. Mr. Adams, after visiting various surgical clinics throughout the country, wrote a most comprehensive article on the subject, which was first published in the *Ladies' Home Journal* for May, 1913. It is well worth a thorough perusal not only of every layman, but also by each member of the medical profession.

Collier's Weekly for April 26, 1913, and the May number of *McClure's Magazine* also contained admirable articles on the same subject from Mr. Adams' pen. The medical profession is under a deep debt of gratitude to Mr. Bok, Mr. Harriman, Mr. Collier and Mr. McClure for so freely opening their pages for the enlightenment of the public on this very important subject.

It has been estimated that these three articles reached a reading public of between eight and ten millions. *Harper's Weekly* for March 29 also contained a timely article urging cancer patients to be operated upon without delay. Abstracts from the magazine articles appeared in many of the daily papers throughout the country. The *Baltimore Sun* contained a full column, the *Baltimore News* and the *Baltimore American* each devoted ample space to the subject. The *New Orleans Times-Herald* gave a full abstract of Mr. Adams' article from *McClure's*, and the *Detroit News Tribune* for Sunday, April 27, 1913, with the permission of the *Ladies' Home Journal*, copied Mr. Adams' article in full. I have just mentioned a few of the daily papers that have given this matter wide publicity. The entire press of the country has been most liberal in its dissemination of our knowledge of can-

cer. Nor was this support confined to the papers of the United States. The Canadian journals have also strongly emphasized the necessity that sufferers from cancer should have the condition attended to promptly. I have splendid clippings from the daily press of London, Toronto, Montreal, St. John, N. B., Winnipeg and Vancouver.

Our committee wishes to express its deep sense of appreciation of the hearty support given us by the press in the dissemination of this knowledge, and we feel confident that they will gladly continue to publish any new data on the subject until every one on the Continent has a clear idea of just what cancer is, what its early symptoms are and how it can best be treated.

Our committee was particularly anxious to find out what influence Mr. Adams' articles had had on the community at large, and it was not long before data were forthcoming. Within a week after the appearance of Mr. Adams' publication, a colleague of mine told me that he had just operated upon a patient for cancer of the breast. The nodule was not larger than a pea, and when asked why she had come so early, the patient said she had just read the article in the *Ladies' Home Journal*, and felt that it was unwise for her to delay. The outlook in this case is excellent. Another colleague had for weeks been urging a patient with cancer to be operated on, but to no purpose. Within three days after the appearance of the article, which she had carefully read, she entered the hospital and was operated upon. Dr. C. Jeff Miller of New Orleans, one of our committee, wrote me that as a result of the article in the *Ladies' Home Journal* a lady soon came to him with an early cancer. Dr. T. C. Kennedy of Indianapolis, under date of May 13, 1913, writes: "A lady out in the State noticed a lump in the left breast. Seeing the article in the *Ladies' Home Journal*, she immediately consulted her family physician, who referred the case to me. I operated on her at St. Vincent's Hospital last Thursday, doing a Halsted. Here is a case that has a good chance of getting entirely well, as it was taken early."

Dr. Franklin H. Martin of Chicago early in May of this year saw a beginning carcinoma of the breast. The husband had just read the article in the *Ladies' Home Journal*, and insisted on his wife consulting a surgeon. Dr. Martin removed the entire breast and axillary glands, and feels sure that the outlook for a permanent cure is excellent.

It is evident, then, that the knowledge of cancer has already been widely disseminated, and it is bound to bear fruit. The more the subject is investigated, the clearer it becomes that if the women of the country are made aware of what can be done if cancer patients apply early for treatment, it will be unnecessary to pay much attention to the men. If men are sick, unless very ill, they pay no attention to it, and only after they are urged by their mothers, wives, sisters or daughters do they seek medical aid.

As a matter of fact, the woman is the health guardian of the household.

The campaign of education has, however, in reality just begun. It will be necessary to enlighten every member of the community. The problem is a complex one—one that cannot be handled in the same manner that tuberculosis has been. The subject of tuberculosis is easy of explanation. The disease not only affects the individual, but is a real danger to those in the vicinity, consequently those in the neighborhood are continually on their guard, and if the patient be not careful in the mode of handling the sputa, this laxity is soon brought to his or her attention by those in danger.

Cancer, on the other hand, affects chiefly the patient, and is of little danger to those around. There is no danger signal, such as a cough, to draw attention to the malady. Of course, if the cancer be on the hand or face, it may be noted by others, but as a rule it is hidden, and the patient only is aware of its presence, and her friends do not for a moment suspect the true condition until the patient appeals for medical treatment; or, as is too often the case, she drifts along until the sallow cachectic appearance accompanying the late stages of the disease clearly demonstrates that the individual is suffering from some dangerous affection.

Much can be accomplished through carefully-written and authoritative articles in the daily press and in magazines; but this will not be enough; the symptoms of each and every form of cancer must be indelibly impressed upon every individual. For women such information can be most satisfactorily disseminated by women's clubs. These clubs have been rendering yeoman service to the country, and their real worth is only now receiving its due share of appreciation. The men of the community can be best reached through short lectures delivered in factories or in the clubs that they may be affiliated with. This heart-to-heart discussion of the subject before small companies of men and women is bound to yield results. If such an enlightenment is to be accomplished, the entire medical profession must take an active part in the dissemination of this knowledge.

In some cities the people are waking up to the fact that the public school buildings are at most used only about 35 hours a week. They furthermore appreciate the fact that if the maximum amount of good is to be accomplished, there must be concerted action. In wide-awake communities the schoolhouse has become the evening meeting place of the neighborhood. Here health talks and lectures on hygiene are given, and many other topics relating to the welfare of the community are discussed. This practical utilization of the public school building will undoubtedly soon be adopted in all parts of the country, and this avenue for the dissemination of the knowledge concerning cancer will then probably be the most important one.

The Clinical Congress entrusted our committee with the initia-

tion of this campaign. Your committee finds that accurate data on cancer in the United States are very meagre. If the people of the land are to be enlightened, we must keep better records.

The campaign entails added responsibility on the Clinical Congress of Surgeons of North America. With the increased number of cancer patients seeking surgical aid will come a large number of border-line cases—cases in which a careful microscopical examination of the growth must be undertaken to determine whether it is cancer or not. If the growth be malignant, operation is indicated at once. How many surgical clinics throughout the United States are prepared to make frozen sections at once and have at their command an expert surgical pathologist whose opinion can be obtained on the spot? Outside the main centres, few possess these facilities, and in many of the hospitals it is days before an expert opinion can be obtained.

Among the many good surgeons throughout the country, naturally only a few are surgical pathologists. The time is speedily coming when every hospital will have a trained expert surgical pathologist on its staff—a man whose advice can be had at every operation. He will prove to be one of the hospital's most valuable assets. Some may ask why we have not more such men. The truth is that the young physician must make a livelihood, and as the pathologist receives, as a rule, a mere pittance for his work, few have the scientific perseverance to enter this field. If the work was made satisfactorily remunerative, plenty of capable men could be induced to enter this field, and when they have once learned what a fascination there is in following an individual case to its very rock bottom, in obtaining here and there a clue enabling them to forecast with a degree of definiteness and precision whether this or that patient will recover, and in discovering every now and then something that has never before been known to medical men, the majority of these men will never give up the study of surgical pathology. But it is only fair that these pathologists should be well paid. They are really the judges that pass sentence upon this or that patient. It is they who determine for the surgeon whether a radical operation is necessary or not.

It is the duty of this congress to see to it that in the near future every hospital has a well-trained surgical pathologist attached to its staff; otherwise, much of the value of your cancer campaign will be lost.

Your committee wishes to draw attention to the absolute necessity in every case of cancer of a thorough operation. To accomplish the maximum amount of good for the increased number that will come for operation as a result of our labors, our surgeons must be thoroughly conversant with the anatomy of the parts concerned, and must have a full knowledge of the paths along which the cancer travels from its point of origin. In cancer of the lip, for example, the operator must consider the removal of the glands of the neck; in cancer of the breast he must be familiar

with the lymph glands that are first involved, in cancer of the rectum he must remember that the liver is frequently secondarily invaded, and that, if such be the case, an extensive rectal operation is contraindicated.

On one occasion, while in Europe, meeting one of my Baltimore colleagues on the street, I said, "Why, I thought you were going to Dr. D——'s clinic this morning!" The reply was, "I did. He was to do a breast operation at 8.45; I arrived at 9, and the operation was over." This surgeon has a world-wide reputation. If our work is to be as superficial and incomplete as it was in this case, then it were better not to undertake any campaign against cancer. Fortunately for our patients, admirable work is being done in many clinics, but there are still exceptions.

After Results. Hospital management in years past has been notoriously lax, but in recent times business methods have been introduced into many of the newer institutions. It would do all medical men good to visit up-to-date business houses and see the card index systems and the various short-cut methods employed in every-day business. It would also be advisable for the trustees of the various hospitals to see to it that the same systematic and businesslike methods are used in the registration of data in the hospitals with which they are connected as they themselves employ in their individual businesses.

This is an age of time-saving devices, and all business men are keen to see what results have accrued from their endeavors along these lines. What applies to business applies equally well to the subject of cancer. What is the use of operating year after year in a routine manner, having but a hazy idea of the final outcome? At least one tactful clerk in every hospital should be assigned to the task of keeping in constant contact with patients who have been operated on. In this manner one can at a glance tell how many patients have been relieved by operation. The results of one operator can be compared with those of another—of course, in a fraternal, and not hypocritical, spirit, for there is no doubt that a runner can always make better progress with a pacemaker. The careful analysis of a large number of cases will always demonstrate wherein future improvements can be made; moreover, this strong evidence of the hospital's interest in their welfare cannot fail to impress its former patients, and will stimulate them to urge their fellow-sufferers to undergo a similar treatment.

These data, to be of use, must from time to time be thoroughly analyzed and published. Follow up all your cancer patients; see what has become of them. Many of them will be dead, but some that you have lost track of are still living and well. You will soon become so interested in the return letters that you can hardly wait for the postman to arrive, and when now and then a reply says that the patient is alive and well at the end of 10 or 13 years, it will warm the cockles of your heart; it will more than outweigh

many of the disappointing results you have had, and will make you feel that, after all, the fight is well worth keeping up.

With the increased number of cancer patients coming early for operation, the percentage of cures will naturally be increased, and with the improved methods of operating this percentage will be still further improved. It is this continual increase in the number of permanent cures that we must keep continually before the public.

Many of the smaller hospitals have difficulty in making ends meet. Such institutions will not be able to furnish funds for the collection of the necessary data on cancer. A cancer fund could not be put to better use than in paying the salaries of young, capable physicians who would carefully analyze the cancer results of the smaller institutions. If all statistics could be utilized, in a few years the cancer committee would have an abundant and really valuable amount of information on the subject.

Whether the etiology of cancer will soon be discovered or not is problematical, but in any event the people of the country should be made thoroughly cognizant of the early symptoms of cancer, and of the fact that many may be cured by early operation. I can imagine no gift that would yield the philanthropist a greater return than the satisfaction of knowing that as a result of his munificence thousands of lives of cancer patients had been saved by prompt operation.

New workers in an old field are often prone to forget the fundamental labors of pioneers in the same field, and we should be remiss did we not express our appreciation of the labor of those who in the past have done so much to bring before the general public a judicious amount of knowledge upon the subject of cancer. Your committee would also draw attention to the splendid work of the Council of the American Medical Association, under the chairmanship of Dr. H. B. Favill, about which Dr. Green will tell us something this evening.

In a few words let me give you the message of the cancer committee of the Clinical Congress to the people of America:

Cancer is a very common malady.

In the beginning, it is a strictly local process, and not a blood disease.

It is easily cured when removed early in its course.

It is incurable in its later stages.

It is no respecter of race, creed or social distinction.

It is the common enemy of all mankind.

Earnest-thinking people in all walks of life must combine to make a determined fight against this relentless foe.

DR. THOMAS S. CULLEN, *Chairman*:

DR. E. C. DUDLEY,

DR. C. JEFF MILLER,

DR. F. F. SIMPSON,

DR. H. C. TAYLOR.

COMPULSORY STERILIZATION AND SEGREGATION OF THE MENTAL DEFECTIVE.

By H. M. CURET, M.D.

Mr. Chairman and Gentlemen:

There is no problem of today any more important to the Government, the medical profession or the public at large than this. The poet's statement,

"Ill fares the land to hastening ills a prey,
Where wealth accumulates and men decay,"

is surely applicable to this question. I take it that reference is made not to the actual decay of mortal flesh of the individual man, but to the decay of the human race, and if ever any country faced this particular problem at any period of its history, our country is facing it today. I grant you that the solution of this problem will not create a Utopia, but with its solution must come the solution of other problems bearing upon the institutions of our race in its pre-eminent mastery of all things.

Further,

"To thine own self be true, and it must follow, as the night the day,
thou canst not then be false to any man."

each individual owes it to himself to take such steps as are necessary to protect his own posterity. Hence the reason for the toil, the trial, the tribulations of the enlightened members of the human race who are striving, in their brief span of life, to lay aside enough of this world's goods that their children and their children's children may reap the benefits thereof. For this reason exist the large corporations, the vast amount of money invested in insurance. What benefit is to be derived from all this struggle if the individual for whom the struggle is made is mentally defective, owing to a lack of care in the mating of his parents? In an Eastern institution there is today an individual who has been endowed with an unlimited amount of worldly goods, and yet, through a heredity taint, he is deprived of his liberty, is costing the State thousands of dollars, besmirching the lives of honest men, and but for the fact of a crime committed, owing to this mental defect, he would be at large to transmit his taints to posterity through the coming generations.

There is not a single field of thought interesting the students of the day with which this question of the mental defective is not intimately interwoven—"Hours of Labor for Women and Children," "The Health and Sanitation of Working Places," "The School and Education Problem in General," the courts, petty criminals, jails, almshouses, insane asylums, reformatories, better

housing conditions and the so-called "White Slave Traffic" are all closely related to this problem.

We are all familiar, to a more or less extent, with the Mendelian law, and we have heard of "Recessives" and "Dominants" until we have grown weary in listening. Each individual treating on the subject evolves a new, fine-spun theory replete with more or less euphonious terms, but the facts still remain that the defective is here; that he is increasing, and with much more rapidity than the normal individual, and it is my purpose mainly to show the enormity of the problem, and what might be expected as a result of its proper solution at this time—to interest Mr. and Mrs. Common People in this subject, as they are not awakened to its enormity, and, when they are awakened, the cry for the proper treatment of these individuals will sweep from the coast of Maine to that of California, and from the Great Lakes to the Gulf of Mexico in an overwhelming wave. Those of us who are particularly interested in this problem at this time do not expect to solve it through any personal effort, as the task is too colossal to be undertaken by individual effort. What we do hope to accomplish, however, is this awakening of the people en masse and to follow the celebrated edict of Daniel O'Connell—"Agitate! Agitate!"

Glittering generalities are surely devoid of facts, consequently I shall quote concrete examples.

The report of the special committee on the "Prevention of Feeble-Mindedness" in New York State, which was most carefully prepared after long investigation, states that there is at least one mental defective individual to every 300 of the general population. This is a most conservative estimate. The report also states that the ratio is increasing rapidly.

In the State of Indiana a study made in connection with 511 families, in which there were known to be mental defectives, yielded the following figures:

Total number of persons in 511 families.....	1,924
Supported in public institutions.....	1,334
Feeble-minded.....	1,249
Insane.....	54
Otherwise defective.....	44
Illegitimate.....	267
One or both parents defective.....	1,024

In the State of Pennsylvania at this time there are from 15,000 to 18,000 defective individuals who are not receiving care and attention. Some few years ago they constituted but a small percentage of the population. Today this has increased, particularly due to the fact that we are better able to recognize the condition, but more particularly due to the fact that no restriction has been placed upon them and that they have been allowed to multiply, both within and without the bonds of matrimony.

Kindly bear in mind that this condition is a defect, not a disease. It is largely hereditary. It is incurable, it is increasing. It is costing the community more each year, and this cost continues to increase directly in proportion to the number of individuals. Also bear in mind the fact that once defective, always defective. Environmental conditions may be changed, the individual can be properly cared for. He is happier and better, but he is not cured. That the condition is hereditary goes without question.

First—J. O., father's grandfather an individual of the "Barnaby Rudge" type—the village fool. Who has not seen number of this type? Father's father—feeble-minded. Father—owing to the fact that his father married into a family of considerable mental ability—is a high-grade imbecile. This case—J. O. is a lower grade imbecile than any of the others in the strain. Father was raised in an institution in the West. At the age of 20 he was given \$25 and told to depart and make his way in the world. This feeble-minded boy is the result. Fortunately the strain is liable to be limited to this one child, and yet it is impossible to tell the untold number of feeble-minded and otherwise mentally defective individuals who may spring from this one person if not properly cared for.

Second—A most beautiful example of mental deficiency. This case is costing the State today \$1700 for the care and maintenance of those individuals who are receiving institutional care, and yet who can tell just how much this family is costing the community, aside from institutional care? How many fires have been started by this family? How much time and attention have been devoted to it by the charitable organizations? How much effort is being practically wasted in order to keep this family up to the plane of the average daily individual?

Your attention is called to the fact that the condition is manifestly more grave in each generation. The condition is not only hereditary, but the offspring of every mentally defective individual is himself or herself defective. Given the mating of two such mentally defective individuals, and every single individual member of the offspring will be mentally defective and of a lower grade than the parents. In proof of the fact that the condition is increasing one has but to look at the family tree of any of these particular groups. How many families are found in the better walks of life who have more than one or two children? How many of this particular class with less than 6—up to 12 and even up to 20?

Again, why should these individuals be segregated? If for no other reason than the selfish one of self-preservation, or, if you wish to place it on a more lofty plane, the preservation of the human race.

Again, these individuals should be segregated because it is exceedingly expensive in time, effort and money not to segregate them. One has but to point to the appalling record of the mental defective in connection with the petty crimes. The large per-

centage of the petty crimes, not only in the large cities, but in the rural communities, are committed by this class. I have a concrete example in mind of an individual who spent the greater part of his life within a few miles of a public institution, who was known to be mentally defective for years, conceived some fancied wrong done him by a family that had been most kind to him, and after having been denied admission to the household, owing to some improper advances made to a young member of the family, returned in the dead of night, set fire to the buildings, destroying from \$12,000 to \$15,000 worth of property, jeopardized the lives of the family, and is still at large.

This large percentage of criminal cases is due to the fact that we have either not recognized our responsibilities or have hidden our heads as the ostrich and refused to acknowledge existing conditions. Those of us who have not awakened to our responsibilities are not blameless, but how much to be censured is he who scoffs at the idea and blatantly proclaims that the problem of feeble-mindedness is only a myth and states that nature's laws will work out our salvation? Have your beautiful buildings, your magnificent boulevards, your colossal business enterprises arisen from copying the worst examples set before you? Improvement is the order of the age and must be applied to the human race as well as its endeavors. These individuals should be segregated from the fact that it is not right or just to compel them to take their place in the struggle for daily existence in the every-day world. The community should provide these individuals with care not only for their physical and bodily wants, but with protection from the aggression of their more fortunate fellows. Is it right or proper for these individuals to be allowed to roam at large, the tool of unscrupulous persons? To force them into sweat shops to work for a mere pittance?

So much for the enormity of the problem. What is its solution?

First, every case of mental defect should be reported, as it is just as important, even more so, to report these individuals as it is to report smallpox, scarlet fever, diphtheria and a host of other ills to which human flesh is heir. The individual should, at the age of six, be placed in an institution for a period of observation from six months to a year. Proved a mental defective, the individual should be segregated in the proper institution for life with this proviso, that at the age of 20, if the families can prove that they are in position to properly care for the individual, he or she may be removed, provided, first, that the operation for the prevention of procreation shall be performed.

Along with this we must have proper marriage laws—not only have them, but enforce them. Every individual applying for a marriage license should be compelled to produce evidence of physical, mental and moral health. Personally, I am not in favor

of compulsory sterilization as advocated by a large number of individuals today. The great harm to future generations will not come from those individuals who are segregated, and the program of sterilization as advocated is wrong from the fact that it considers only those individuals in institutions. Further than this, the State owes it to its citizens to provide some means not so radical as compulsory sterilization and must provide care for this type.

After this care is provided sterilization should be used only after careful thought and consideration of the particular case and should be fitted to the individual as is any other operation performed for the relief of existing conditions.

The program as outlined would be lengthy and expensive, but not nearly as expensive as to continue our present methods. In our State an outlay of \$25,000,000 would solve the problem effectually—a colossal amount, and yet, with all the money spent today for good roads, good capitols, jails, almshouses, an outlay of this amount for good citizens is surely justifiable.

Men of victorious cities, aglow with the heat of strife;
Men of the beautiful country, alert and throbbing with life;
Fathers of bright-eyed daughters, mothers of stalwart sons,
Hark to the host of the vanquished, marching with lowered guns.
For we are the army of Sorrow, living, yet worse than dead;
Saddest of all God's creatures, from whom His light has fled.
The guilt of the mighty cities has doubled our teeming ranks,
But many a sun-lit valley sends stragglers at our flanks.
From village and town and prairies, o'er the length and breadth of our
 Emil,

Are gathered the thousands on thousands who make up our pitiful band
O God, can you leave us longer, us who are guiltless of sin,
Or rest for a single moment till each lost sheep is within?
Gray-haired, yet catching at sunbeams; of age, yet playing with toys;
You house us with tramps and drunkards, grown men and man-grown
 boys.

Lured by each wayward impulse, bereft of the power of control,
Yet placed in a world of demons, ready to snatch at our soul
O sisters, think of us women, children in innocence,
Yet mothers of fatherless babes, victims of foul offense.
Oh, the pangs that we must suffer, the anguish at their birth
Hunted and mocked and branded, the outcasts of the earth
Saved only the bitter knowledge, that by an iron law
Our children and their children must carry the self-same flaw
Oh, brothers, who hold the purse strings in each of the kindred States,
Who vote vast sums for highways and locking of the gates,
If you laid the wealth of the nation in payment at our feet
The debt of our lost manhood you would still fail to meet
Yet now but a handful of us are guarded with zealous care,
While the rest, like a festering ulcer, on our country's breast be bare
If Love and fleet-foot Pity knock vainly at your door,
Shall fear and worldly wisdom not spur you on the more?

LOCAL ANESTHESIA (QUININE AND UREA) IN THE TREATMENT OF RECTAL NEUROSIS AND OFFICE OPERATIONS.

By J. Dawson Reeder, M.D.,
Baltimore, Md.

RECTAL neurosis is a topic rarely discussed by medical men, and the cases here presented have caused no little work and study, to say nothing of the embarrassment, for two specific reasons—first, my inability to discover any pathological lesion upon repeated examinations which were most searching in character, and second, because I had to finally class it among the so-called neurasthenic group with an apology upon my part, as I have always felt that neurasthenia was a wastebasket for undiagnosed conditions and a very poor excuse to offer when called in consultation. Gant calls attention to a series of cases classified under neuralgia and hyperesthesia, and gives as the exciting causes pressure irritation or functional of a nerve or its center. Constipation and fecal impaction are causative factors for two reasons—(a) pressure on nerves by fecal mass, (b) multiplicity of micro-organisms which cause putrefaction, acting directly on nerve endings (fecal toxemia).

The case of Mr. X is of special interest, because I have exhausted every means at hand to place the cause, and am compelled to admit my failure to do so. This patient was referred to me by Prof. Hugh H. Young January 20, 1913, for a continual throbbing, aching pain in lower part of rectum, increasing hourly every day until by evening he was very miserable.

Proctoscopic examination showed a mild proctitis, which promptly cleared up under warm permanganate irrigations, followed by a spray of cold water, and after several visits rectum appeared perfectly normal, but he still complained of the throbbing, aching pains. Sphincter was dilated under local anesthesia, and anus was so completely anesthetized by quinine and urea that I repeatedly punctured with the hypodermic needle, drawing blood at various points around muco-cutaneous border without the patient feeling the sticking of the needle at all.

Upon his next visit, 24 hours later, the parts were still anesthetized as I repeated the sticking of the needle, yet he had not been free of the throbbing a single moment since the day before, and at that time was suffering intensely. Having exhausted every effort of solution of this strange condition and finding no literature in my own library relative to this case, I reviewed the collection in the Medical and Chirurgical library, and could find but one solution, in a paper by Tuttle in 1908, in which he had observed the same condition in a case of beginning tabies dorsalis

many months before any other sign had progressed much. With this small amount of information, I was compelled to report to Dr. Young my inability to find any cause for the condition, and suggested that he be watched for beginning talipes. My last report from him was to the effect that he still had these paresthesias, beginning about the middle of the day and getting worse toward night, which made him feel incapacitated for any social engagements, and was contented to remain at home most of the time. I would prefer to watch this case for further developments than to make a diagnosis of neurasthenia.

In reviewing the literature upon this subject we find symptoms simulating neuralgia frequently induced by fissures, ulcerations, hemorrhoids and foreign bodies, as well as certain affections of the bladder, urethra, prostate, ovaries, coccyx and sacrum, in which the pain is referred to the rectum. In such cases a diagnosis can only be made by exclusion, after a most searching and painstaking examination. Neuralgia is more frequently confused with coccygodinia than any other affection in this region. In the latter, however, there is always a history of direct injury to the coccyx.

Prognosis should be guarded in rectal neuralgia, because in most cases the pain will recur from time to time, until the patient becomes perfectly exhausted. "Sometimes the disease seems to run its course and disappear spontaneously,"—Gant.

Proctus Ani. Notwithstanding all that has been written as to the etiology and treatment of this condition, I desire to call attention to a case which was successfully treated by injection method carried out on the principle of the Ball operation by separating the terminal nerve endings from the cutaneous covering which was irritating by numerous areas of ulcerations induced by scratching.

G. W. E.; B. & O. R. R., Signal Department; referred by Dr. Page Edmonds. Had been suffering of pruritis ani for a period of two years; had several minor operations upon the rectum for hypertrophied anal papilla and ulcerations. Has never had venereal disease; no T. B. or cancer history. Examination reveals large area of eczema extending for several inches around the anus, and speculum shows small submucous fistula extending from the mucocutaneous border for about two inches, which opens into the rectum. No attempt was made at first to close the fistula, until the eczematous and infected skin could be improved. The entire area of ulceration was raised upon a water bed of quinine and urea $\frac{1}{2}$ per cent. solution, and after complete anesthesia was obtained, this area was painted over with 10 per cent. silver nitrate solution, followed by tinct. iodine, until the parts were a dark ebony color; a small pledget of cotton was then placed between the buttocks and patient instructed to return the next day. Following day he returned and was completely anesthetized, and area was showing evidences of exfoliation. Parts

were then dressed with stercate of zinc, and he was instructed to return in about three or four days. Upon the following visit I was surprised to find the parts still insensible to the pricking of the needle, and made another application of iodine after washing the rectum out with potassium permanganate 1-6000 lukewarm.

At the end of the week the cutaneous eruption had greatly improved, and the new skin showed deep white scars where the deep skin had been torn away by the finger nails while scratching. Deep injection was then made with same strength of quinine solution into the nerves for complete anesthesia, and after waiting about 20 minutes dilated sphincter for operating; probe was introduced from within outward upon the buttocks and fistulous track was laid open, curetted, touched up with iodine and packed with iodoform gauze. Anesthesia again lasted sufficiently long to remove the dressings the next day without any pain whatsoever, and wound was then allowed to granulate. At the end of about one month patient had completely recovered, and has had no return of pruritis and area of indurated skin with scars had completely exfoliated, leaving perfectly healthy smooth area.

While I have been using quinine solution for past two years almost exclusively for office work, this is the longest period of anesthesia that I have had occasion to observe. While I have opened and removed clots from thrombotic hemorrhoids and used $\frac{1}{2}$ per cent. solution frequently in incising or excising fissures and dressed the cases the next day with no pain or patient only feeling the manipulations, I have not had them visit the office sufficiently often to know just how long anesthesia lasted, although great claims are made for this drug by enthusiasts.

While there has been some antagonism on the part of operators who have used quinine with unfavorable results, I have not had a single infection or hemorrhage following. In each case I use a new solution, throwing away what is left over after each operation, and make my solution by dissolving tablet in desired quantity of water and boiling in a test tube over a Bunsen burner. Realizing that infection may be introduced by dissolving tablet in sterile water without further boiling, I find the large test tube answers the purpose desired, and while it is claimed that solutions over 1 per cent. have produced capillary oozing or slough, I cannot discuss this matter, as I have never had occasion to use stronger solution.

As to the toxic qualities of quinine, even in persons who have an idiosyncrasy for the drug, the amount is so small when we recall the fact that it has not been so many years ago when it was used hypodermically in 10 grain doses in congestive chills and other forms of malarial infections.

Local Anesthesia. The dangers, inconvenience and necessary confinement, as well as detention from business which is demanded in the use of general anesthesia in many minor operations, has created a demand and constant enlargement of the field for

this class of work in surgery and especially in those so to speak of the rectum and anus.

While I have never attempted any big operation or one which will require more than a few minutes under regional anesthesia, I feel that our present knowledge of its use has placed at least two-thirds of the affections of this region amenable.

While I still believe that hemorrhoids (except external and thrombotic) are best operated upon under general anesthesia, there are any number of operators who now use the local method almost exclusively. As I recall the advice of Dr. Tiffany—to always do the operation that you know how to do the best if you want results—and being student, also assistant, for a period under the late Dr. Tuttle, I feel that I can give my patient better results under all conditions with clamp and cautery. As to the various agents used in local anesthesia, perhaps those in greatest favor today are ethyl chloride, cocaine, beta eucaine hydrochlorate and lactate, alypin, stovain, novocaine, chlorotone, quinine bismuriate and urea and sterile water. Formerly cocaine in solutions varying in strength from 4 to 10 per cent. were used. Symptoms of an alarming nature developed from a few drops, which demonstrated its toxic properties and dangers in strong solutions. Today we know that the extent of anesthesia produced for operative work depends not so much upon the strength of the solution, but upon the amount of pressure produced upon the nerve endings by quantity of solution introduced.

I have witnessed Professor Bodine in the New York Polyclinic Hospital repeatedly do an appendectomy or herniotomy by nerve blocking of ilio inguinal and ilio hypogastric with solutions which were practically sterile water. The strength of the solution varies with the part to be anesthetized, as well as the amount of work to be done. While local anesthesia is admirable for office work—and its field is broadening every day—in rectal diseases it is my judgment only safe in conditions in immediate contact with the anal canal. No ulceration or hemorrhoid should be treated until a very thorough and searching examination has been made of the rectum and sigmoid, as it would be a sad discovery after a period of treatment that the anal condition for which you have operated or treated is only secondary to an ulceration, stricture or malignant condition higher up in the rectum.

Patients suffering from anemia are always bad subjects for operations at one's office under local anesthesia, and a history of hemophilia should always be excluded. Persons of highly nervous temperament and hysterical females are best operated upon at home or in hospital, and then under general anesthetic.

Another application of quinine and urea which has served me well is the injection of the fluid direct into the rectum with a small glass syringe for examinations with instruments. I have repeatedly injected this drug into the bowel about an hour before introducing the sigmoidoscope, and the patients have complained

but very little of its manipulations, and the sphincter has certainly been quieted to a very marked and pleasing degree.

Before operating upon fissures, fistulae and hemorrhoids in the office, one will find it very helpful to insert a small plug of cotton or gauze saturated with the solution into the rectum above the field of operation as the first step in his technique, and will find that it will assist in a marked degree in reducing the amount of pain which the primary introduction of the needle would otherwise produce.

304 Professional Building, Baltimore, Md.

Book Reviews.

GNORRHEA IN WOMEN. Its Pathology, Symptomatology, Diagnosis and Treatment; Together With a Review of the Rare Varieties Which Occur in Men, Women and Children. By Charles C. Norris, M.D., Instructor in Gynecology, University of Pennsylvania; Assistant Gynecologist to the Hospital of the University of Pennsylvania; Physician to the Maternity Hospital, Philadelphia. With an Introduction by John G. Clark, M. D., Professor of Gynecology, University of Pennsylvania; Gynecologist-in-Chief to the Hospital of the University of Pennsylvania. Illustrated by Dorothy Peters. Philadelphia and London: W. B. Saunders Company. Baltimore: The Medical Standard Book Company. 1913.

Gonorrhea in women is capable of playing such havoc with not only the genito-urinary tract, but also with other structures that a complete exposition of the malady by one capable of drawing conclusions through a thorough experience by actual contact with the several conditions arising from the Neisserian infection is indeed a happy event. The volume before us is not only thorough to the least detail, but exceedingly comprehensive. Moreover, the author tells his conclusions in a lucid, clear, authoritative and interesting way. It is indeed an instructive work. In an interesting vein the author takes us back historically to the very earliest records of the disease. He also spends some time in describing the views held by the profession at various times concerning the nature of the affection. No aspect of gonorrhoea is passed over by the author—historical, bacteriological, pathological, sociological, therapeutical. From his vast experience he is capable of and does enter into the various lesions, both local and general, which occur during an attack, viz.: of the skin, lungs, osseous and circulatory systems, bladder, glands of the gastro-intestinal, ophthalmological, rhinological, neurological and other tracts. In the chapter on sociology the author enters into the consideration of gonorrhea as a cause of sterility and abortion, the high place it occupies in blindness of the newly born and the havoc it is capable of playing

not only upon the health of the infected person, but also its bad influence upon the body politic. In the chapter on bacteriology he gives the latest and best cultural methods, the most reliable staining technique and a pathological discussion of the lesion upon the system, pelvic and general.

Throughout the work he emphasizes again and again the importance of educating the public to the infectious nature of the disease. He strongly advocates the handling of gonorrhea as any other infectious disease, *i. e.*, by isolation in a contagious hospital, or at home under proper supervision, so that the trouble cannot be spread widecast throughout the community. The reviewer is of the same opinion. One function of a State is the protection of its subjects, not only from other people, but also from contagious diseases. In such a disease as gonorrhea, which is capable of producing untold misery and unhappiness, besides civic demoralization, surely for its own protection the State should step in and endeavor to prevent its spread by proper isolation measures. There is no more reason for secrecy in venereal infections than in non-venereal, and we believe through such efforts as Norris' it is only a matter of a short time before the State will recognize this duty to its citizens. Along this line he outlines a scheme by which the prevalency can be controlled. In describing the pathological lesions the writer starts with those affecting the external genitalia, then on through the generative tract. Due consideration is given to treatment, both medicinal and surgical. We are firmly convinced that a careful study of its contents by those interested in gonorrhea from a clinical standpoint will satisfy the most exacting that the author has produced a book worth while; that he has handled his subject in a most satisfactory manner; that he has made a book which is highly instructive and which ought to exert a specific influence in lessening the frequency of gonorrhea, thereby performing a distinct service to mankind as a whole.

DIET IN HEALTH AND DISEASE. By Julius Friedenwald, M.D., Professor of Gastro-Enterology in the College of Physicians and Surgeons, Baltimore, and John Rührab, M.D., Professor of Diseases of Children in the College of Physicians and Surgeons, Baltimore. Fourth Edition, Thoroughly Revised and Enlarged. Philadelphia and London: W. B. Saunders Company, Baltimore: The Medical Standard Book Company, 1913.

If the other editions have been found useful in the combating of diseases of metabolism, after a careful weighing of the contents, we predict a greater usefulness for the present edition than that enjoyed by any of its predecessors. That it has met a distinct need of the profession is attested by the rapidity with which each succeeding edition becomes exhausted. There should be no

exception in the case of the present edition. Every doctor has at last come to realize that many obscure maladies are due to errors in metabolism. In brief, the profession has come to look upon proper feeding as the avenue of escape for individuals suffering with ill-defined ailments which have successfully withstood internal medication. The merest tyro in the profession now admits that in kidney affections proper feeding is of more importance than all medication. Of course, as in other lines of medicine, entire reliance must not be placed in it alone. However, of late, so many additions have been made to our knowledge of diet that many opinions believed true a few years ago are now known to be erroneous. These additions have necessitated practically an entire recasting of the book, which changes bring the contents up-to-date. The sections on salt, diet in fevers, gout, diabetes and infant feeding have been entirely rewritten, as well as the section on the physiology of digestion. Many new tables which will be found very useful to those engaged in modern feeding methods, have been incorporated in the text. As time goes on more and more attention will be paid to dietetics by medical schools, and until these institutions thoroughly realize the importance of the subject physicians and students will have to have recourse to such books as the one before us for the desired information.

The contents include discussions on the chemistry and physiology of digestion, classes of food, beverages and stimulants, infant feeding diet in disease, the dietetic management of surgical cases, dietaries in public institutions, rapid reference diet lists, etc. As heretofore, the book will be found to cover its field very efficiently, and a good reference book to have at hand.

GENITO-URINARY DISEASES AND SYPHILIS. By Edgar G. Ballenger, M.D., Adjunct Clinical Professor of Genito-Urinary Diseases, Atlanta Medical College; Editor Journal-Record of Medicine; Urologist to Westley Memorial Hospital; Genito-Urinary Surgeon to Davis-Fisher Sanatorium; Urologist to Hospital for Nervous Diseases, etc., Atlanta, Ga., Assisted by Omar F. Elder, M.D. The Wassermann Reaction by Edgar Paullin, M.D. Second Edition, Revised. 527 Pages, with 109 Illustrations and 5 Colored Plates. Price \$5 net. E. W. Allen & Co., Atlanta, Ga.

Ballenger's book on Genito-Urinary Diseases and Syphilis has been so recast that one can easily imagine he is reading an entirely new book. Like its predecessor, it is eminently practical, being written with the needs of the general practitioner in view. From cover to cover it contains a wealth of helpful suggestions, hints that can be put into actual use. It is written in a pleasing style and covers the field both practical and theoretical sufficiently full for all practical purposes. Its only shortcoming is the lack of

original illustrations, which we believe the author could have and should have supplied from his own voluminous material rather than borrowing from other sources. It is exceptionally well balanced for a book of its size, those subjects which are most common being given the major attention, those least so less space. For student and general practitioner purposes it is a book of real merit, absolutely accurate both in diagnosis and treatment, and above all, sufficiently full without being bulky. It gives the great pleasure to put our stamp of approbation as well as hearty recommendation upon the effort of Dr. Ballenger and his collaborators, and congratulate them upon making such a helpful contribution to genito-urinary literature.

CAUSES AND CURES OF CRIME. By Thomas Speed Mosby. Member of the American Bar; Former Pardon Attorney of the State of Missouri; Member American Institute of Criminal Law and Criminology. Author of "Capital Punishment," "Youthful Criminals," "Alcoholism and Crime," "Mothers of Bad Boys," and other essays. Illustrated. St. Louis: C. V. Mosby Company. Cloth, \$2 net. 1913.

The author has the right idea concerning crime, namely, that it is the result of a diseased mind. He maintains that a criminal is not incarcerated as a punishment, but for instruction in the right way of living. He is firmly convinced that the hospital is the proper institution for the first offense rather than the penitentiary. From the contents one easily gleams that the writer stands for every reasonable prison reform and the elevation of the self-respect of the criminal rather than his degradation. The book is essentially an essay on the new penology, and represents the views of those penologists throughout the country engaged in evolving a new penology along the lines of seeking out a cause for the crime, its treatment and cure, if possible; to wit., crime is the outcome of a diseased mind.

ANATOMY AND DISSECTOR IN ABSTRACT. By Stewart L. McCurdy, A.M., M.D., Author of Oral Surgery, Orthopedic Surgery, Medical and Surgical Emergencies, Bone and Joint Surgery; Professor of Anatomy and Surgery (Dental Department), University of Pittsburgh; Orthopedic Surgeon Presbyterian and Columbia Hospitals; Surgeon P. C. C. and St. L. Railway; Member American Medical, American Orthopedic, Pennsylvania State Societies, Pittsburgh, Pa. Fourth Edition. Pittsburgh: Medical Abstract Publishing Company. 1913.

As a quick reference book for preparation for examination this book meets a distinct need of the student. It will also be found useful in the dissecting and class rooms when used in conjunction with the larger books.

MARYLAND MEDICAL JOURNAL

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BALTIMORE, FEBRUARY, 1914

DR. HUNNER WINS.

A DECISION of great importance to the medical profession of Maryland, in fact epochal, was handed down by the Maryland Court of Appeals in the celebrated Stevenson case, in which the lower court last March had affixed damages at \$1000 against Dr. Guy L. Hunner. Briefly, the controversy was whether a physician is responsible for the acts of his subordinates. Unfortunately, the lower court believed thus and so placed the above-mentioned damages against Dr. Hunner. The case in point is the one in which Dr. Hunner, after an exploratory incision to determine the condition present in the patient's kidney, found it tubercular and after appropriate treatment instituted drainage by means of cigarette tubes. In removing these drains the resident overlooked one, it evidently having slipped into the wound and thus lost to view as well as in the actual sense. The tract was so tardy in healing that the patient in question, a woman, prevailed upon Dr. Hunner to permit her to return to her home, where the family physician continued to supervise the dressing of the wound. After the lapse of some time while probing around in the wound, this individual discovered the lost drain, which was immediately removed, but the wound continued to drain. The patient was apprised by her physician of what he had discovered and immediately drew the conclusions that the continued state of her ill health was due to the lost drain, and as a consequence instituted suit in the amount of \$30,000. After an extended as well as remarkable trial damages were awarded in her favor to the amount of \$1000. As Dr. Hunner believed the decision unjust, he immediately had his

attorneys appeal the case. In the eyes of most of the profession, however, the ultimate outcome looked very uncertain, as Dr. Hummer had previous to the trial inadvertently written a letter to the family physician admitting that he was at fault, and regretting the unfortunate occurrence exceedingly; so the reversal of the decision by the Court of Appeals is doubly pleasant to the surgical fraternity. Naturally surgeons will breathe easier when performing operations in which pieces of gauze or drainage material of any sort might in the hurry be lost. The cost of the trial is placed upon the plaintiff, but with the reservation of a new trial, if the so desires. It is, however, believed the decision of the higher court will end the case.

The gist of Judge Boyd's decision is as follows: A surgeon who is called merely to operate on a patient in a hospital, which he does not own or control, is not to be held responsible for any mistakes in the after-treatment of the patient, administered by the hospital staff, unless he was cognizant that such mistakes had been made. The decision can indeed only be looked upon as epoch-making, in that it marks the recognition by the court of the passing of the old days of surgery, when many operations were performed with crude equipment and in the home of the sufferer, and the present day, when practically all operations of import are performed in a properly equipped hospital, where the procedures incident to the operation can be carried out in an orderly and aseptic fashion. Naturally the surgeons of the city look upon the decision as a sweeping victory for the surgical fraternity. It is obviously impossible for a busy operating surgeon to individually dress each and every case upon which he has operated. If such were possible it would not be well for those who come to operation later, as there would be great probability of the surgeon carrying infection to a clean case, with the possibility of a fatal outcome. Moreover, it is out of the question for a surgeon who is doing any amount of surgical work to devote any considerable amount of time to the dressing of cases, else he would accomplish little more. The Maryland Medical Journal, in behalf of the entire medical profession of Maryland, takes this opportunity of congratulating Dr. Hummer upon the final outcome of the trial, and only regrets that he has been given so much obnoxious advertisement and unnecessary expense and annoyance.

REPORT OF BOARD OF MEDICAL EXAMINERS OF MARYLAND.

QUESTIONS AT THE DECEMBER (1913) EXAMINATIONS.

OBSTETRICS.

1. Describe symptoms and treatment in a case of adherent placenta (third stage of labor).
2. Describe the changes which commonly occur in the head of the child in vertex presentations during a lingering labor, and state their causes.
3. Give varieties of placenta previa.
4. Describe Harris's method of dilatation of the cervix.
5. Give methods of inducing labor at the eighth month.
6. What are the indications for the use of forceps when the head is at the pelvic outlet?
7. What form of malignant disease may attack the uterus?
8. Describe umbilical hernia of the newborn.
9. What troubles are liable to occur in the mouth of an infant, and what measures would you use to prevent them?
10. Describe the Porro operation, or celio-hysterectomy.

PATHOLOGY.

1. Describe mode of transmission of and prophylactic measures used to guard against malarial fevers. What are the principal pathologic changes noted in chronic estivo-autumnal malaria.
2. Describe the general pathologic changes noted after death from congenital heart disease. (Morbus caeruleus).
3. Describe the morbid changes occurring in and the anatomical changes that may result from gonorrhoeal epididymitis.
4. What are adenoids? Discuss the usual pathologic results of well-marked neglected cases.
5. Give practical directions for preventing the spread of typhoid fever.
6. Describe the lesions found in herpes zoster.
7. How does acute miliary tuberculosis originate?
8. Describe a hemorrhoid.
9. What is the difference between a sinus and a fistula?
10. Define edema. Mention at least five conditions that will cause edema of both legs.

SURGERY.

1. Give the causes, symptoms and treatment of acute iritis.
2. Give the symptoms and treatment of suppurative mastoiditis.

3. What is the significance of blood in the urine?
4. Give symptoms, diagnosis and treatment of tuberculous disease of the knee.
5. What inflammatory conditions may arise in the right iliac region, with symptoms of each?
6. Give etiology and symptoms of cerebral abscess.
7. Give differential diagnosis of dislocation of hip from fracture of surgical neck of femur.
8. State the most common seat of fracture of the clavicle; give symptoms and describe a method of treatment.
9. What are the indications for removal of the mammary gland?
10. Describe a complete inguinal hernia; give symptoms of strangulation and treatment.

PRACTICE.

1. Define: (a) Endemic disease. (b) Anasarca. (c) Bell's paralysis. (d) Herpes zoster. (e) Hematemesis.
2. Define: (a) Chlorosis. (b) Hemophilia. (c) Hodgkin's disease. (d) Aphasia. (e) Hydro-nephrosis.

DIFFERENTIAL DIAGNOSIS.

3. Differentiate: Variola and varicella.
4. Differentiate: Broncho and lobar pneumonia.
5. Differentiate: Neuritis and rheumatism.
6. Differentiate: Hepatic, intestinal and renal colic.

TREATMENT.

7. Give treatment of lobar pneumonia.
8. Give treatment of variola.
9. Give treatment of tetanus.
10. Give treatment of acute nephritis.

PHYSIOLOGY.

1. Where is the respiratory center located? (b) What is the relation of respiration to the nervous system? (c) Describe a method of producing artificial respiration.
2. Define secretion and excretion. (b) What is the difference between external and internal secretion? (c) Name the glands of each class.
3. What is meant by the "balance of nutritive exchange," and how is it ascertained?
4. State what you know of the constitution of muscle tissue, the reaction and constituents. (b) Define rigor mortis and give the cause.
5. What is meant by absorption and nutrition? (b) What absorption takes place in

the mouth, stomach, small and large intestine.
(c) What are sources by which the waste products are eliminated from the system?

6. Lymph: description, composition and function. (b) State the theories as to the secretion.

7. What purpose is served by the valves of the veins, and how are they formed? (b) Name some of the veins that have no valves.

8. What is meant by the vasomotor nervous system?

9. What is animal heat, and how sustained? (b) The difference between warm and cold blooded animals? (c) The normal temperature of the body and the modifying influences over the temperature?

10. Where in the body is each of the following found, and what is the function of each? Pepsin, trypsin, glycogen, ptyalin, synovia and saliva?

MATERIA MEDICA

1. What is an acid? Name those in general use, the doses and strength in which they are used.

2. Name five remedies used hypodermically, and give doses of each.

3. Ammonium. Give six preparations of ammonium and their doses.

4. Name five preparations each of iron, mercury and potassium and their doses. Give the incompatibles of iron and mercury.

5. Write a prescription containing chloral hydrate and bromide of potash for an adult.

6. Name three vermicides. Give average dose and state against which variety used.

7. Give official name and dose of: Dover's powder; paregoric; Donovan's solution; brown mixture; Fowler's solution; Hoffman's anodyne.

8. Aconite, Veratrum viride. To what class of drugs do they belong? The official preparations and doses?

9. Antimony. Give the official preparations and doses. Name two compounds into which antimony enters, and their doses.

10. Diphtheria antitoxin. How prepared? Define "Unit." Give immunizing and curative doses for a child three years old.

THERAPEUTICS

1. Write a prescription in Latin, without abbreviation, containing four ingredients, state condition for which intended.

2. Write a prescription emulsifying Oil terebinthina, give dose and indications for use.

3. Give therapy of carbolic acid, symptoms of poisoning and antidote.

4. Give the therapy of hydrg. bichlor, symptoms of poisoning and antidote.

5. Name two respiratory stimulants and two vaso-motor depressants.

6. Explain the theory of diaphoresis. Name three diaphoretics.

7. Explain the immunizing and curative effects of an antitoxin.

8. Give the therapeutics of arsenic.

9. Strophantilis. Therapy and best method of administration.

10. Gastric lavage. Method of use and any general therapy.

ANATOMY

1. Give the characteristic anatomical features of the first, second and tenth ribs.

2. Describe the greater omentum.

3. Describe the quadriceps extensor muscle.

4. What nerves are found in the orbis?

5. Describe the rectum.

6. Name (a) temporary teeth (b) permanent teeth.

7. Describe the bladder.

8. Describe the external ear.

9. Give the location of opening from the accessory sinuses into the nose.

10. Bound the anterior and posterior triangles of the neck.

CHEMISTRY

1. Define and give example (formulae) of (a) Acid salt. (b) Tribasic acid.

2. A patient to whom the doctor gave a large dose of calomel became nauseated and took lime water as a remedy. What chemical changes probably occurred? Illustrate by formulae.

3. Give the chemical names and formulae of the following: Sugar of lead, flowers of sulphur, blue vitriol, white lead, red lead, baking soda, quicklime, lime water, limestone-bluestone.

4. Nitrous oxide. Preparation, chemical and physical properties.

5. Sulphur: Source and preparation. Name three (3) inorganic chemical compounds containing sulphur, and give formulae.

6. Iron: Source and valence. Give names and formulae of three (3) inorganic compounds containing iron. Give one reaction of iron with a monobasic acid (write formula).

7. Arsenic: Source and valence. Give the most important inorganic compound with formula. What is its most important organic compound from a medicinal standpoint? Is this a natural or a synthetic compound?

8. A sample of well water examined by the State Chemist showed the following: Free chlorine, 13 parts per M; nitrites, 0.18; nitrates, 0.5; ammoniacal ammonia, trace. Comment upon this.

9. Chloroform. To what class of chemical substances does it belong? Give graphic formula. Give its physical and chemical properties.

10. Point out the analogy between marsh gas (paraffin) and the benzene series of hydrocarbons. Name two (2) prominent members of each group.

Summary of Results of Examination Held by the Board of Medical Examiners of Maryland, DECEMBER 9, 10, 11 and 12, 1913.

No.....		Anatomy.....	Surgery.....	Pathology.....	Obstetrics.....	Practice.....	Chemistry.....	Materia Medica.....	Therapeutics.....	Physiology.....	Total.....	Average.....
COLLEGE OF GRADUATION.												
1	University of Maryland, '13.....	75	..	..	..	81	..	75	..	75	...	..
2	McHarry Medical, '12.....	43	75	..	40	68	60	54	55	68	...	..
3	Eclectic, Cincinnati, Ohio, '12.....	56	77	60	..	68	75	66	..	77	...	..
4	Maryland Medical, '13.....	90	85	79	77	79	95	85	88	86	764	85
5	College of Physicians and Surg., Balto., '11..	50	75	56	75	71	60	77	79	56	599	66
6	Maryland Medical, '13.....	56	64	71	79	75	50	66	71	80	603	67
7	College of Physicians and Surg., Balto., '13..	80	87	77	79	82	75	75	86	86	727	81
8	Maryland Medical, '13.....	75	78	84	89	75	62	89	76	85	713	79
9	Maryland Medical, '12.....	75	75	77	83	75	79	75	69	67	675	75
10	University of Maryland, '13.....	46	81	..	..	75	65	..	..	..	...	..
11	Baltimore Medical, '13.....	90	80	86	93	76	97	91	92	94	799	89
12	Jefferson Medical, '10.....	82	78	92	89	81	67	86	94	90	759	84
13	Baltimore Medical, '13.....	59	79	75	90	68	63	66	88	66	654	73
14	University of Maryland, '13.....	71	75	79	77	80	80	75	80	75	692	77
15	University of Maryland, '13.....	78	81	86	79	75	68	82	78	78	705	78
16	Baltimore Medical College, '13.....	..	80	96	..	80	..	..	..	88	...	..
17	Maryland Medical, '12.....	..	75	76	66	67	..	..	64	..	...	..
18	University of Maryland, '11.....	..	..	..	75	75	80	76	75	..	...	..
19	University of Maryland, '13.....	73	86	93	89	78	97	93	92	77	778	86
20	Maryland Medical, '13.....	Failed to appear.										..
21	Maryland Medical, '13.....	80	82	78	78	75	83	84	77	87	724	80
22	Temple University, '12.....	57	78	65	77	76	98	85	81	75	692	77
23	Baltimore Medical, '13.....	Failed to appear.										..
24	University of Maryland, '12.....	62	81	78	87	77	55	65	69	89	663	74
25	Johns Hopkins, '12.....	69	85	89	91	89	79	75	78	90	745	83
26	University of Maryland, '12.....	80	81	90	..	80	88	84	..	80	...	..
27	Johns Hopkins, '10.....	80	83	90	93	79	90	90	88	80	773	86
28	Edinburg University, '11.....	88	86	98	70	75	93	75	91	88	764	85
29	Maryland Medical, '12.....	67	..	..	68	67	..	60	..	..	...	..
30	College of Physicians and Surg., Balto., '13..	80	82	78	94	83	99	93	86	70	765	85
31	Woman's Medical of Phila., '13.....	55	77	84	92	75	57	83	92	78	693	77
32	College of Physicians and Surg., Balto., '13..	82	81	92	86	79	88	78	83	75	744	83
33	Baltimore Medical, '13.....	45	76	65	70	75	80	59	69	81	623	69
34	University of Greece, '10.....	43	75	60	57	65	47	28	67	54	496	55
35	Maryland Medical.....	82	..	..	..	..	77	..	75	..	...	..
36	Maryland Medical.....	80	..	..	..	..	63	83	..	58	...	..
37	University of Maryland, '12.....	56	75	85	88	76	55	37	73	80	629	70
38	Maryland Medical, '12.....	60	67	50	..	58	..	..	..	75	...	..
39	University of Maryland, '13.....	72	79	77	79	82	75	67	81	70	682	76
40	University of Pennsylvania, '09.....	62	86	81	92	88	60	70	92	75	706	78
41	George Washington University, '10.....	78	78	75	68	78	81	78	82	69	687	76
42	Jefferson Medical, '11.....	94	95	84	96	84	86	87	100	95	821	91
43	College of Physicians and Surg., Boston, '11.	52	76	57	..	65	75	..	..	64	...	..
44	Baltimore Medical, '13.....	77	79	89	94	80	76	81	81	82	739	82
45	University of Maryland, '13.....	94	87	98	96	92	98	90	94	77	826	92
46	Maryland Medical, '10.....	Failed to appear.										..
47	College of Physicians and Surg., Balto., '13..	57	78	85	75	70	55	64	80	66	630	70
48	University of Maryland, '12.....	68	75	63	68	70	62	75	66	75	622	69
49	University of Maryland, '11.....	1	76	78	..	..	75	75	82	76	...	..
50	Tufts Medical, '13.....	89	88	96	70	83	84	83	91	86	770	86
51	Maryland Medical, '12.....	61	72	83	68	75	65	62	83	79	648	72
52	McHarry Medical, '13.....	67	59	42	55	..	..	51	60	78	...	..
53	Maryland Medical, '13.....	..	63	54	..	68	38	62	..	82	...	..
54	Maryland Medical, '12.....	56	75	49	..	69	..	50	42	48	...	..
55	George Washington University, '12.....	85	80	90	90	79	88	87	90	94	783	87
56	College of Physicians and Surg., Balto., '13..	80	38	69	..	68	82	75	88	87	...	..
57	Medical College of Virginia, '13.....	75	..	..	..	75	..	..	76	85	...	..

In the above summary an average of 75 is required of those participating in the examination for the first time in order to secure a license. Those who have failed are eligible to re-examination at the expiration of six months. They are then obliged to receive a rating of 75 in each branch in which they are re-examined before license can be issued. Under the Maryland laws, students who, at the end of their second year, have successfully passed their college examination in Anatomy, Chemistry, Materia Medica and Physiology are entitled to examination by the Board of Medical Examiners in these branches. The ratings made by these students in the examination known as the "second-year examination" are carried forward and made part of the final examination, when an average of 75 must be obtained to secure a license. We trust that this statement will make clear the apparently incomplete examination of certain participants.

From Great Britain, France, Germany, Holland, Sweden, Switzerland, Austria and the United States, eminent physicians and surgeons gathered in England, August, 1913, at the XVIIth meeting of

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Medical Items.

DR. HERBERT HARLAN, President of the Maryland Board of Medical Examiners and a member of the Executive Committee of the Federation of State Medical Boards of the United States, desires to call particular attention to the coming meetings in Chicago, Ill., February 23-25, 1914, both dates inclusive, at the Congress Hotel, of the Conferences of the Council on Medical Education and the Council on Health and Public Instruction, and of the annual meeting of the Association of American Medical Colleges and of the Federation of State Medical Boards of the United States. It is important that as many representatives as possible from all the medical colleges in the State, as well as from the Board of Medical Examiners, be present.

BIRTHS.

TO WALTER C. GORDON, M.D., University of Maryland Medical School, '07, and Mrs. Gordon, of 610 Cranston street, Providence, R. I., November 9, 1913, a son—Walter Colwell Gordon, Jr.

RECENTLY to E. L. Whitney, M.D., associate professor of physiological chemistry, pharmacology and clinical pathology, Maryland University, and Mrs. Whitney, of 1520 Linden avenue, a daughter.

RECENTLY to Dr. Clement A. Penrose, Johns Hopkins Medical School, '97, and Mrs. Penrose, of 21 West Mt. Royal avenue, a daughter—Valeria Biddle Penrose.

MARRIAGES.

GEORGE B. LAWSON, M.D., Johns Hopkins Medical School, '05, of Roanoke, Va., to Miss Julia Kern, daughter of Senator and Mrs. John W. Kern of Indiana, at Hollins, December 25, 1913. After an extended southern tour, Dr. and Mrs. Lawson will make their home in Roanoke, where the groom is practicing his profession.

JAMES HOMER WILSON, M.D., Johns Hopkins Medical School, '08, of Cumberland, Md., to Miss Emelie Elizabeth Steffey, of Washington, D. C., at Washington, January 7, 1914. They will reside in Cumberland.

CHARLES B. HENKLE, M.D., University of Maryland Medical School, '89, former alderman of Annapolis, to Mrs. Margaret M. B.

Hall, both of Annapolis, Md., at Annapolis, December 9, 1913.

CHARLES L. SCHMIDT, M.D., University of Maryland Medical School, '11, formerly of 2211 Eutaw Place, now of Union Bridge, to Miss Jane I. Purdum of Reisterstown, Md., at Baltimore, December 17, 1913.

DEATHS.

S. E. YOUNG, M.D., Baltimore Medical College, '93, of Baywood, Va., died January 9, 1914, aged 53 years. Dr. Young was the physician for the General Chemical Company, at the Gossan mines in Carroll County, for a number of years.

F. L. WOOLFOLK, M.D., Washington University, Baltimore, '77, of Louisa, Va., died at his home January 10, 1914, aged 59 years. He was president of the Farmers and Merchants Bank of Louisa.

HENRY STIER POLE, M.D., Washington University, Baltimore, '80, of Hot Springs, Va., died at Lewisburg, W. Va., December 28, 1913, from heart disease, aged 66 years. Dr. Pole was a Fellow of the American Medical Association, and president of the Bath County, Va., National Bank.

SILAS WEIR MITCHELL, M.D., Jefferson Medical College, '50, of Philadelphia, Pa., died at his home in Philadelphia, January 4, 1914, from influenza, aged 85 years. Dr. Mitchell was eminent as a neurologist and universally known as a writer of historical novels, dealing mostly with the times of the Revolutionary and Civil Wars; a medical power in Philadelphia, and honored for his attainments the world over.

CHARLES SUMNER LITTLE, M.D., Johns Hopkins Medical School, '99, of Petersburg, Ind., died at his home, December 13, 1913, from heart disease, aged 40 years.

WILLIAM SAMUEL JENNINGS, M.D., College of Physicians and Surgeons, '85, of Orangeburg County, S. C., died at the home of his brother in Orangeburg, December 7, 1913, from disease of the kidney, aged 55 years.

TERTIA CLAIRE WILTON LITTLE, M.D., Women's Medical College of Baltimore, '93, of Letchworth Village, Thiells, N. Y., formerly assistant physician to the New England Women's Hospital, Boston, and the Massachusetts State Hospital, Taunton, died in the Women's Hospital in the State of New York, New York City, October 25, 1913, after a surgical operation.

Fellows_Syrupus Hypophosphitum

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Abstracts.

THE RELATIVE VALUE OF TURTLE TUBERCULIN IN THE TREATMENT OF TUBERCULOSIS.

"THE treatment of individual diseases with medicines or by methods of having a selective curative action has until recent years been limited. With the establishment of the germ theory and vaccine therapy of certain diseases and the development of information concerning immunity, new methods of specific treatment have been made possible and are now practiced under the terms of serum and vaccine therapy." This is part of an introductory paragraph of a valuable contribution on the above subject appearing in the *New York Medical Journal* for September 13, 1913, by Drs. J. W. Beattie, of New Hampshire, and E. E. Meyers, of 418 Central Park West, New York City.

The authors mention the fact that to Robert Koch belongs the honor of giving to the world 23 years ago tuberculin, which was the first great advance in the diagnosis of tuberculosis. Prior to this, the disease was generally recognized as a fatal malady; it was not diagnosed until the disease was advanced and the symptoms marked, and then death was required to substantiate the diagnosis. His discovery of the difference in the action of the remedy on the healthy and the tuberculous has proved to be one of the most important discoveries in the modern study of tuberculosis. This discovery gave the profession the tuberculin test, which has not only made possible an early diagnosis of the presence of tuberculosis, but has also given us a more thorough understanding of the nature of the disease and the essentials of its prevention, as well as led to its specific treatment.

Drs. Beattie and Meyers quote Von Ruck's reference to the claims of Friedman for the superior value of a living tubercle bacilli in the treatment of tuberculosis, and deprecates the Berlin doctor's spectacular advertising propaganda in the daily press. Von Ruck said: "Inasmuch as living tubercle bacilli of the human type have been found in vaccinated cattle both in their flesh and in their milk, as long as three years after their intravenous injection, the objection to use of the living tubercle bacilli as an antigen, or vaccine for prophylactic purposes in the human subject is well founded. A more formidable objection is, however, the danger of virulence."

They aver Professor Piorkowski, working along the lines of Prof. Koch's discovery, isolated a living antigen in the form of Tubercle bacilli recovered from a turtle, as far back as 1903 without in any manner questioning its non virulence. Since that time he has continued his research along this line and has at last succeeded in perfecting a tuberculin produced from the tubercle bacilli of a deep-sea turtle, which is non-virulent and with which he has successfully experimented with thousands of cases during the past few years at his laboratory in Berlin.

Further quoting Piorkowski, the authors refer to his lecture delivered at the Royal Hospital for the Disease of the Chest, London, Eng., on April 1st, 1913 (*British Journal of Tuberculin*, July issue, 1913). On discussing his Turtle Tuberculin, Piorkowski said: "We must differentiate between mammals which produce



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their offspring alive and the class to which human beings and oxen belong; and birds *i. e.*, that is, animals which lay eggs; thirdly, reptiles, which possess horny or long integument and also lay eggs. Lizards, crocodiles and turtles belong to that last class. Finally, we have to think of fishes which breathe as long as they are young through gills or by their lungs, and also lay eggs. We thus see very clearly that resemblances are to be found only among lung-breathing animals, and it is for this reason, probably, that the results described are obtained on the injection of tubercle bacilli of similar kind. It became very evident that turtles were especially adapted for our purpose."

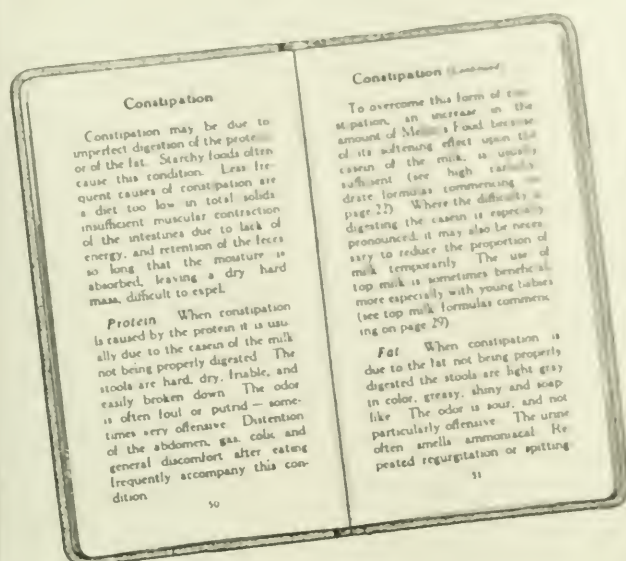
In further describing his work along this line Piorkowski says: "It is very noteworthy that the turtle tubercle bacillus in its further behavior, both culturally and morphologically, displayed an extraordinary resemblance to the human tubercle bacillus. Its growth at 37 degrees F. is remarkably characteristic. The main point about this strain is that it can be used without risk of any manifestations—a circumstance which may be ascribed to the fact that for the last ten years it has been reinoculated afresh daily, and thus has acquired generally an extraordinary innocuousness, becoming both avirulent and atoxic."

The authors in explaining the biological action of Piorkowski's Turtle Tuberculin quote the latter as follows: "Let us, for example, consider atoxic action a little more closely. When a poison enters the body—*e. g.*, tubercle toxin—the first point concerns the existence of receptors which can take up the tubercular poison. If these do not exist, no infection by tubercle bacilli can occur, for the organism possesses congenital immunity towards the action of these bacilli.

The harmless turtle tuberculous toxin combines with the receptors, and the combination is thrown off into the blood as anti-toxin. New receptors are formed in large quantity, but they are capable of seizing not only the turtle tubercle bacilli, with which they have been hitherto dealing, but also human bacilli, and thus render them harmless. If there is a profuse formation of new receptors, and if the human tubercle bacilli have increased unduly, complete recovery may be effected. The rationale of the cure is along these lines. There is also the additional advantage that turtle tubercle bacilli are innocuous and harmless, and therefore this method is especially well adapted for protecting inoculation.

Recent investigations with turtle tuberculin, in Prof. Piorkowski's laboratories, made by the authors, show that tubercle bacilli, when grown in the blood serum of (cold-blooded animals), turtles change quite distinctively its bacteriological characteristics, particularly in lessening its virulence and at the same time increasing its power to form antibodies in the blood of the tuberculous patients. This turtle tuberculin acts as a direct stimulant to the antibodies of tuberculosis, exerting far greater beneficial effects than human tuberculin, even when the latter is given in the most carefully graded and guarded doses. Furthermore, turtle tuberculin produces only a very slight reaction, besides it possesses far greater immunizing properties than does human tuberculin with none of the latter's untoward effects.

According to the author's experience, the smallest immunizing dose was one minim of turtle tuberculin administered in 16 minims of normal salt solution. The interval between doses depends



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upon the recurrence of exacerbation of original symptoms, which is usually about seven days. Very slight reactions, such as a rise of temperature to 100 F., and more or less languor for about 24 hours following the injection are the only reactions which occur even with a maximum dose.

The best site for injection of turtle tuberculin is in the fold of the gluteal region between the Glutens Maximus and Minimus muscles, which location facilitates absorption.

In closing the authors make the following comparisons:

LOCAL REACTION.

<i>Human Tuberculin</i>	<i>Turtle Tuberculin</i>
Redness and infiltration begin in area of injection in from four to eight hours.	Redness and infiltration begin in area of an injection in twelve hours.
No thickening of the skin.	Slight elevation and thickening of skin.
Area of infiltration usually very tender.	Area of infiltration is not tender.
Abscess sometimes follows injection.	No abscess follows at point where needle pierces skin.
Adjacent lymph glands swollen.	Lymph glands not swollen.

<i>Human Tuberculin</i>	<i>Turtle Tuberculin</i>
Doses smaller.	Doses greater.
Effect slower.	Effect more rapid.
Reaction marked.	Reaction slight.
Length of treatment prolonged.	Length of treatment short.
<i>Hygienic Treatment</i>	<i>Turtle Tuberculin Treatment</i>
Not always feasible.	Always feasible.
Treatment prolonged.	Treatment shortened.
Necessitating interference with daily avocation.	Does not interfere with daily avocation.
Results not always satisfactory.	Results very encouraging.
Recurrence frequent.	Recurrence improbable.

SEROBACTERINS OR SENSITIZED BACTERIAL VACCINES.

A Distinct Advance In Bacterial Therapy.

BACTERIN or vaccine therapy, carried out by the use of killed bacteria, has now been successfully applied to the prevention and treatment of many infectious diseases. Clinical experience has proven beyond question that these products produce a degree of immunity which enables the person treated to resist infection and which is of great value therapeutically. The length of time required before the immune condition is present and the local and general reactions which sometimes follow the first and occasionally subsequent doses are, however, factors calling for improvement.

To remedy the first of these defects, experiments were made with mixtures of serum and killed bacteria, with the idea that by this means immediate passive immunity could be had, as well as a more permanent active immunity, but this procedure resulted in failure, as only a slight degree of passive immunity was secured and no active immunity whatever. Besredka attributed this failure

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to the excess of serum present in such mixtures, and for the preparation of his "sensitized vaccine" took advantage of the discovery of Ehrlich and Morgenroth that bacteria mixed with a serum containing specific antibodies unite permanently with such antibodies. After maceration in the immune serum for a sufficient time the sensitized bacteria are recovered by centrifugalization. The bacteria, with their antibodies attached, are then washed in the centrifuge with physiological saline solution until all traces of serum are removed. Careful complement fixation and animal tests are employed to make sure that proper sensitization has taken place, and finally the bacteria are made up into standardized suspensions for administration. Since the value of serobacterins depends on thorough sensitization, and the complement fixation test proves the extent to which this has taken place, this test constitutes a vital part of the technic.

Besredka claims that sensitized bacterial vaccines or "serobacterins" possess a great advantage over the bacterial vaccines now in common use, in that their action is far more rapid, and they produce no clinical or opsonic negative phase, and no local or general reactions. His researches have been confirmed by such prominent investigators as Marie, Remlinger, Dopfer, Theobald Smith, Metchnikoff, Gordon and others, all of whom found that sensitization of bacteria confers upon them new properties which render them highly effective as vaccines, free from the defects of the ordinary bacterial vaccine and "possessing an action which is *certain, inoffensive, rapid and lasting.*"

A large number of favorable reports have appeared on the value of serobacterins in the preventive and curative treatment of such diseases as cholera, plague, typhoid fever, dysentery, streptococcic and pneumococcic infections, gonorrhoea and even tuberculosis and rabies. Sensitized plague vaccine is now official in the French Pharmacopoeia, sensitized tuberculin is coming into very general use in Germany and other European countries, and sensitized rabies vaccine, on account of the rapidity and greater certainty of its action, has been adopted as the official Pasteur treatment.

The underlying principle explaining the action of serobacterins, according to Besredka, is that the bacteria prepared by sensitization are rapidly devoured by the phagocytes, and this is the cause of the absence of unfavorable reactions following their use. The combining of antibodies and bacteria outside the body disposes of a long-drawn-out preliminary process which, with the bacterial vaccines, must be done by the patient's body cells. In serobacterins, this combination of antibodies with the bacteria being already performed, their action is immediate and free from local and general reactions.

The action of serobacterins may be characterized as follows:

1. *Certain*—because the bacteria are already prepared for phagocytosis and intra-cellular digestion.
2. *Rapid*—an effective immunifying response follows the first injection in from 24 to 48 hours.
3. *Harmless*—Being saturated with antibodies, the serobacterins do not absorb any of those present in the blood of the patient, and consequently cause no opsonic or clinical negative phase. They are free from toxic action.

Improved Bacterial Therapy

SEROBACTERINS

(Sensitized Bacterial Vaccines)

"Action sure, rapid, harmless and durable."—A. Borovka

Serobacterins are suspensions of bacteria "sensitized" by treatment with specific immune serum.

The advantages of Serobacterins may be briefly summarized as follows:

1. **SEROBACTERINS** do not cause opsonic nor clinical negative phase. In the process of sensitization the bacteria are saturated with the specific antibodies, consequently they do not absorb antibodies from the patient, preventing unfavorable reactions or the so-called negative phase.

2. **SEROBACTERINS** produce immediate active immunity.

(24 hours after the first injection an effective immunity is present and marked improvement is usually noted in the condition of the patient.)

This rapid action makes them invaluable in treatment and in preventive immunization. This is of great importance in controlling or preventing epidemics.

3. **SEROBACTERINS** cause no local or general reaction.

(These reactions constituted the principal undesirable feature of the Bacterial Vaccines.)

4. **SEROBACTERINS** produce a highly efficient and durable immunity.

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Scarlatina Strepto-Serobacterin. (Sensitized Streptococcic Vaccine Scarlatinal.)

Typho-Serobacterin. (Sensitized Typhoid Vaccine.)

Packages of 4 syringes \$4.00

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Each syringe one dose.

For a complete review of the literature on Serobacterins, see Mulford Digest for December.

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4. *Permanent*—Animal experiments prove that the immunity secured from the use of serobacterins or sensitized bacterial vaccines is more permanent than that following the use of bacterial vaccines.

The rapid production of active immunity marking the action of serobacterins is invaluable in both the treatment of disease and preventive immunization. In treatment of a patient infected with rapidly multiplying pathogenic bacteria, the prompt immunizing response should overcome the infection before it causes serious damage. In preventive immunization, especially in epidemics, the advantage of securing immediate immunity should make the use of serobacterins almost obligatory.

Sensitization is a delicate and complicated procedure which can be successfully carried out only in especially equipped laboratories by experts of the highest type. The difficulties surrounding the preparation of sensitized vaccines have up to the present time prohibited their general use, and the production of this superior vaccine on a scale that will make its use possible in every-day practice marks an important step in bacterial therapy.

A very complete review of this most interesting subject appears in *The Mulford Digest* for December, and we suggest that any physician who has not received a copy of the *December Digest* containing this review should secure one.

REPUTABLE MANUFACTURING PHARMACISTS DO NOT FURNISH EMMENAGOGUES FOR IMMORAL PURPOSES.

RECENTLY one of the leading manufacturing pharmaceutical houses received a letter upon the letterhead of a retail druggist, but signed by another name followed by the word "druggist." The person signing the letter may have been a clerk or successor of the druggist. The letter was as follows:

There is practically no sale for your Emmenagogue Improved Pills, as few ladies know anything about them, and we can give no advice, as we know nothing about them ourselves as to dose, etc. Please let us know by return mail and tell us how to use, dose, etc.

Reply was made to the pharmacist, whose name was on the letterhead, and was as follows:

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This fraud, which was exposed at an action tried before the Supreme Court of Victoria at Melbourne, and others reported before in the medical literature, show that every physician should see that his patient gets exactly what he prescribed. No "just as good" allowed.

Iodine as the Sole Dressing for Operation Wounds.

THE following excerpts are taken from The British Medical Journal and are a part of an address delivered by Reginald Alcock, M.B. F.R.C.S. Edin. Dr. Alcock's acquaintance with the use of iodine as the sole dressing for operation wounds dates back over a period of thirty years when he first saw it used in the practice of medicine by his father, who was a hospital surgeon.

In opening his address he said, "Medical opinion concerning the utility of iodine as an agent in the production of asepsis has oscillated between contemptuous neglect and unqualified praise. At the present time its virtues are recognized on every hand, and its exceptional usefulness as a skin sterilizant needs no further emphasis, but reliance on its extended efficacy as the sole dressing to be applied to the operation wound from the date of the operation to the discharge of the case, is, I venture to think, a new departure."

Further on in his paper Dr. Alcock says, "looking through the literature relating to the sterilization of the skin, I have been struck with the fact that special stress is laid upon the difficulty experienced in rendering the deeper layers of the skin sterile, and especially with the fact that any moisture of the skin

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means the detection of bacteria, where previously they were absent, it attempts had previously been made to discover them on a dry skin."

In view of Dr. Aleock's valuable studies on iodine referred to above, it is interesting to know that there is a new chemical compound of iodine on the market especially adapted to surgical requirements, namely, Iogen, Lilly. This chemical is produced by the action of iodine on the anhydride of phthalic acid. The peculiar property of this chemical compound which renders it so valuable in medical and surgical work, is that it liberates iodine only in the presence of moisture, a fact that is peculiarly significant in view of Dr. Aleock's theory that the bacteria usually come from the moisture and secretions of the skin itself rather than from without.

Iogen is prepared for surgical work by diluting it with a suitable vehicle so that it will liberate but a small percentage of pure iodine and that very gradually.

Iogen is offered in three forms by Eli Lilly & Company; as surgical powder, as oil and as an ointment. These preparations are claimed to be superior to the ordinary tincture of iodine in several respects, they are easier of application, furnish nascent iodine, act over a long period and have a wider range of usefulness. Certainly such preparations as the Iogen group, Lilly, should prove a welcome addition to the physicians' armamentarium.

Lilly's Iogen preparations are supplied through the drug trade and physicians interested can secure further information and samples by addressing the Eli Lilly & Company, Indianapolis.

Sixty Centuries of Kidney Disturbances.

THE Babylonians in 4000 B. C. made as careful an examination of the urine as was in those days possible; even the earliest records known of Hindu medicine show that they also examined the urine, this examination being regarded as of great importance as an indica-

tor of disease. Hippocrates tapped on other veins and gave therapy in the form of blood-letting. Galen had special views on the regular habits, exercise, acids and emotions and increased the number of diuretics. Trepanning, abortion of Aesculapion in the fourth century before Christ, advanced the medical view of disease and increased the number. Avicenna about this time suggested an instrument for examining stones in the bladder (by uretrotomy).

William Salicruti about the beginning of the fifteenth century described a disease which he called "hardness of the kidney" and gave as symptoms heaviness and distress in the amount of urine, pain in back and groin.

Four centuries then passed before the next step, when Richard Bright described more fully the disease that bears his name.

Then another century of therapeutic ineffectivity in the treatment of diseases of the kidney followed, with, of course, the exception of surgical methods, until Renault corroborated forcibly all that had been proven regarding the internal secretions by giving the incisions of the young pig's kidney in cases of nephritis, with marvelous success. It naturally, at times, proved impossible to obtain, and often disagreeable to take, this soupy concoction of raw kidney, and for this reason the method had its drawbacks. But in 1906, Nephroin, a product embodying all the advantages of the above method of treatment, with none of its disadvantages, was given to the medical profession, and the first new and real therapeutic agent for Bright's and other forms of nephritis was completed—*When Did It Happen?* Published by Reed & Carnrick.

The Phylacogen Treatment of Infections.

AN interesting experience with Phylacogen has been narrated by Dr. F. H. Troy of Oklahoma. It appeared in a recent number of the *International Journal of Surgery*.

"I have treated a very rare case of rheumatism," writes Dr. Troy. "The symptoms were as rapid as remarkable. Our man of thirty-two had had rheumatism for three years; he was confined to bed for three months, and eight months elapsed before he was able to work. He was brought to the hospital on a bed and had to be lifted on a stretcher. I gave him one dose of Phylacogen daily, and in six days he walked to the station, carrying his suitcase. Another patient, a man twenty-four years old, had inflammatory rheumatism

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The Bladder Ills of the Aged.

Certain bothersome bladder troubles of elderly people are often due quite as much to systemic debility as to local weakness. Lack of space prevents any extensive consideration of the subject, but if the whole body is debilitated the metabolism is sure to be deranged, the bowels become sluggish and an increased amount of abnormal or waste products find their way into the urine. These are more or less irritating and account not infrequently for the low grade form of cystitis that accompanies the "run-down" state of the aged. In such cases tonic medication is urgently indicated and the well known capacity of Gray's Glycerine Tonic Comp. for promoting functional activity and increasing bodily elimination gives it a special utility in the management of any bladder trouble in which metabolic depression or derangement is a factor.

Under its influence the functional activity of the whole organism is promptly increased with the result that physiologic processes throughout the whole body are stimulated, the metabolism is regulated and elimination increased.

The benefits from "Gray's," therefore, are both prompt and pronounced, and through its use many cases of chronic cystitis that are due to or aggravated by general debility or malnutrition are cleared up in short order.

In this connection it is no exaggeration to state, moreover, that few remedies are more serviceable in all conditions calling for tonic or upbuilding measures than Gray's Glycerine Tonic Comp.

Chronic Glandular Enlargement.

For many years Iodia (Battle) has been a favorite agent in chronic glandular enlargement, owing to the distinct alterative influence it is capable of exerting. In such conditions there is a clear indication for iodine, and this is furnished the tissues through the administration of Iodia (Battle). The therapeutic value of this drug is augmented by the active principles of such well known vegetable alteratives as *stillingia*, *helonias*, *saxifraga*, and *menispermum*.

when ten years of age. He was confined to bed for six months. He has suffered all his life, and had visited the various watering-places in America, receiving very little benefit. The last four years he had been almost incapacitated. I gave him ten doses of Phylacogen, and his recovery was rapid."

Dr. Troy refers to a number of other cases of infection, including chronic otitis media, sycosis, acne, carbuncle and erysipelas, in the treatment of which he has been singularly successful, and adds:

"The administration of Phylacogen is peculiarly adapted for the treatment of infectious diseases. * * * The only requirement is to make a diagnosis. If you are treating infectious diseases without making a diagnosis, however, do not be disappointed if you do not get results with the Phylacogens."

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TOWARD the relief of that condition which may be aptly characterized as "just plain nervousness," PASADYNE (Daniel) will be found of distinct value. PASADYNE, of course, is merely a high grade Concentrated Tincture

The Tuberculous Invalid.

The pricking of the Friedmann bubble but served to still further confirm and accentuate the vital importance of the well defined methods of treatment for tuberculosis that have given such encouraging results, i. e. fresh air, sunshine, rest, nutritive reinforcement and judicious medication. A proper combination of these four remedial factors is practically certain to place the incipient tuberculous invalid upon the road to recovery if the patient is intelligently handled and the treatment persisted in. While it is, of course, acknowledged that the first three non-medical agents referred to constitute the vital elements of the upbuilding regime, considerable aid is afforded by judicious medication. Hematinic reinforcement should certainly not be neglected, in view of the secondary anemia which is almost always apparent. Among the agents which have produced the best results in the revitalization of the blood, Pepto-Mangan (Gule) is the most generally eligible and acceptable. As it is thoroughly palatable, neutral in reaction, free from irritant properties and devoid of constipating effect, the digestion of the patient is not disturbed, while the appetite and general vital tone improve more rapidly and satisfactorily than when hygienic and nutritive measures are depended upon exclusively.

Hay Fever: "Disease of Mystery."

DR. S. FULLER HOGSETT of Pittsburgh, in his excellent paper "An Experimental Therapy in Hay Fever," read at a meeting of the University of Pittsburgh Medical Society, and published in the April (1913) issue of *American Medicine*, New York, points to some interesting facts respecting this "disease of mystery," as he not inaptly refers to it. "As far back as the year 1595," says the doctor, "Bottallus reported a case. Again, in 1673, Von Hallmont, and in 1668 Floyer, of London, called attention to this condition. In Good's 'Study of Medicine' there is reference to a case related by Timaeus in 1607 of an attack of asthmatic nature caused by the odor of roses and ipecac."

Thus it will be seen that hay fever, instead of being a disease of modern origin, as many may have presumed is in reality centuries old.

Discussing the problems of etiology and treatment, Dr. Hogsett continues: "Many theories have been elaborated, and many forms of treatment have been called to the attention

of the medical profession. A study of previous opinion regarding the possibility of a cure of this condition appears in the writings of many authors. No one, however, accounts for all features of the affection and the many etiological factors."

In 1912 Dr. Hogsett treated a number of cases successfully with Mixed Infection Phylacogen. His observations as to methods and results are of interest and value. "In carrying out the Phylacogen treatment," he says, "I have found that the nasal dose should be small when given either subcutaneously or intravenously. It has been my procedure to begin with a 2 c.c. dose subcutaneously or one-half c.c. intravenously. In giving the subcutaneous injection I usually select the insertion of the deltoid or the area just below the scapula. The latter seems to be the ideal spot, as absorption takes place very readily and the complaints from the local reaction are much less. I repeat my injection either daily or on alternate days, the interval to be determined by the clinical condition of the patient. It is seldom necessary to give more than four to six injections, the symptoms often disappearing after the second or third injection. Almost immediate relief is noted by the patient. The irritating discharges from the eyes and nose are diminished in amount, the sneezing is lessened, the dyspnea is relieved, and the patient usually sleeps comfortably. All cases that I have treated successfully have remained well through the season. I have yet to record only one failure, but I have not had a sufficient number of this class of cases as yet to warrant a positive claim that this remedy will act in all forms of the disease."

Clinical experience with Mixed Infection Phylacogen in the treatment of hay fever is inconsiderable as yet. The product had its inception in 1912, when the season was well advanced, and the opportunities for its employment were necessarily limited. The next two months will undoubtedly tell the story of its applicability to this hitherto intractable disease, and the results of a more extended trial will be watched with a deal of interest.

The physician of today follows out a line of Celcius, who in 160 A. D. said, "Never take the pulse of a patient immediately on coming into the room, but wait until the momentary excitement subsides."—*When Did It Happen?* Published by Reed & Carnrick.

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